State of Mi	nnesota				District Court
		County	Judicial	District:	
			Court Fi	le Number:	
			Case Ty	pe:	Adoption – Stepparent
In Re the P	Petition of:	. Petitioner/	Parent		
And					nt Adoption Affidavit st if Post-Placement
To Adopt:				Asse	essment Waived
(child's cur	rent name)				
(child's cur	rent name)				
(child's cur	rent name)		<u>.</u>		
State of Mi	nnesota	) ) SS			
County of		)			
Petitioners,	[st				'parent''] and ''], state as follows:
	epparent Adoption Af ment Report, which th		_		
2. Petition City of	ners were married on _		<i>cityl</i> . County of	[date o	fmarriage] in the
	J, State of			[state].	

No.	Question	Parent Response		Stepparent Response	
1.	Is this adoption being contested by the other birth parent?	Yes	No	Yes	No
2.	Is/are the child(ren) you are seeking to adopt over 14 years of age? If "yes," the child(ren) must consent to the adoption.	Yes	No	Yes	No
3.	Are there any minor brothers and/or sisters of the child being adopted who are not included in the adoption request?	Yes	No	Yes	No
4.	Have you ever been divorced or had a marriage dissolved?	Yes	No	Yes	No
5.	Do you have any child from any prior marriages or relationships	Yes	No	Yes	No

No.	Question		Parent Response		Stepparent Response	
	living in the home with you?	Resp	onse	Kes	ponse	
6.	Are you under a court order for payment of child support in Minnesota or any other state?	Yes	No	Yes	No	
7.	Has any action for mental commitment or involuntary hospitalization been taken against you in any state?	Yes	No	Yes	No	
8.	Have you or any member of your family participated in family support services (i.e., family counseling, individual therapy, parenting classes, etc.) either voluntarily or involuntarily?	Yes	No	Yes	No	
9.	Have you been involved in any involuntary child welfare intervention?	Yes	No	Yes	No	
10.	Have you ever been the subject of a report for child dependency/neglect, child abuse, sexual abuse or domestic violence in Minnesota or any other state?	Yes	No	Yes	No	
11.	Have you ever been arrested or convicted of a felony or gross misdemeanor (including DWI, sex offense or assault charges)?	Yes	No	Yes	No	
12.	Has involvement with drugs or alcohol brought you into contact with any of the following systems: courts, counseling, treatment, hospitalization, law enforcement or social services?	Yes	No	Yes	No	

- 13. If any of the above questions are answered "Yes," Petitioners have attached to this Affidavit a separate sheet of paper, signed by both Petitioners in the presence of a notary public, providing a detailed explanation about such response.
- 14. Please list where you have lived during the last five years, including street address, city, state, zip code, county, and approximate dates):

Address		_
City		
State		
Dates		
Address		
City		
State		
Dates		

Address	
State	
Dates	
Address	
City	
State	
Dates	
request to waive the post-placement a	hat this affidavit is made in good faith in support of their assessment.  It everything I have stated in this document is true and
Dated:	Petitioner/Parent
Dated:	
	Petitioner/Stepparent
VERIFICATI	ON AND ACKNOWLEDGEMENT
states that Petitioner has read the fore	[parent's name], egoing Stepparent Affidavit Checklist subscribed by ntents thereof, and that the same is true to Petitioner's best  [parent's name]  Petitioner / Parent
	[signature]
	ent,[stepparent's the foregoing Stepparent Affidavit Checklist subscribed by ntents thereof, and that the same is true to Petitioner's best
	Petitioner / Stepparent [stepparent's name]
	[signature]

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